MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1							51						
2								52						
3								53						
4								54						
5								55						
6								56						
7								57						
8								58						
9								59						
10	1							60						
11								61						
12								62						
13								63						
14								64						
15								65						
16								66						
17								67						
18								68						
19	1							69						
20								70						
21								71						
22								72						
23								73						
24								74						
25								75						
26								76						
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40								90						
41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	3							TOTAL IND.						
TOTAL DEP.	16							TOTAL DEP.						
TOTAL CLAIMS	19							TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

BEST AVAILABLE COPY